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BOX PATENT APPLICATION
ASSISTANT COMMISSIONER FOR PATENTS
Washington, D. C. 20231

je714 U.S. PTO

12/06/99

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Atty. Docket No. CB-7-1

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I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to:
Assistant Commissioner for Patents
Washington, D.C. 20231

By: John T. Raffle

Transmitted herewith for filing is the [] patent application,
[] design patent application, continuation-in-part patent application of

Inventor(s): Terry S. Davison, Jean Woloszko, Michael A. Baker, Hira V. Thapliyal and Philip E. Eggers

For: SYSTEMS AND METHODS FOR ELECTROSURGICAL TISSUE TREATMENT

[X] This application claims priority from each of the following Application Nos./filing dates:
09/248,763 / February 12, 1999; 60/096,150 / August 11, 1998; 60/098,122 / August 27, 1998; 08/795,686 / February 5, 1997; 08/990,374 / December 15, 1997

[] Please amend this application by adding the following before the first sentence: --This application claims the benefit of U.S. Provisional Application No. _____, filed _____, the disclosure of which is incorporated by reference.--

Enclosed are:

[X] 31 sheet(s) of [] formal informal drawing(s).
 [X] An assignment of the invention to ArthroCare Corporation.
 [X] A signed [] unsigned Declaration & Power of Attorney.
 [] A signed [] unsigned Declaration.
 [] A Power of Attorney by Assignee.
 [] A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27 [] is enclosed [] was filed in the earliest of the above-identified patent application(s).
 [] Information Disclosure Statement under 37 CFR 1.97.
 [] A petition to extend time to respond in the parent application of this continuation-in-part application.
 [X] The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)
FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	36	-20= * 16
INDEP CLAIMS	7	-3= * 4
[] MULTIPLE DEPENDENT CLAIM PRESENTED		

SMALL ENTITY		OTHER THAN A SMALL ENTITY	
RATE	FEES	RATE	FEES
	\$380		\$760
X9=	\$	X18=	\$288
X39=	\$	X78=	\$312
+130=	\$	+260=	\$
TOTAL	\$	TOTAL	\$1360

Please charge Deposit Account No. 50-0359 as follows:

Filing fee \$ 1360.00
 Any additional fees associated with this paper or during the pendency of this application
 The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

A check for \$ _____ is enclosed.
1 extra copy of this sheet is enclosed.

Respectfully submitted,
ARTHROCARE CORPORATION

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